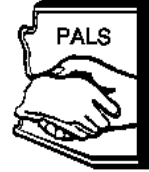




## Parent Information Network



### Tourette Syndrome

Tourette Syndrome is defined as a neurological disorder characterized by involuntary tics. Tics are described as a spasmodic twitching movement made involuntarily by muscles that are ordinarily under voluntary control. These tics can be motor (muscle related), vocal (pertaining to the voice), or both. The motor tics can involve such things as repetitive muscle movements and vocal tics can include sounds and/or words. It is important to note that this syndrome's characteristics are all *involuntary*.

Tourette Syndrome is believed to be a genetic disorder. It is also more prevalent in boys than girls. The National Institute of Health states that there are 100,000 people in the United States with "full-blown" Tourette Syndrome. This is to say that the statistics do not include individuals who have *only* a tic disorder. Classic signs of Tourette Syndrome include components of compulsive obsessive disorder, ADHD (attention deficit with hyperactivity disorder), and usually a learning disability.

The common age for diagnosis is typically between the ages of 6 to 7. This is often when the tics begin to surface. It is highly likely the child would have already had the diagnosis of ADHD. Tics can be brought about by stress, excitement, and/or fatigue. This might also explain why the diagnosis is typically made at the 6-7 age range. A child will experience stress when transitioning into the school setting. The academics and structure require a lot more from the child.

The tics are known to wax and wane. Much of this depends upon the child's environment. If the

child is experiencing stress, the tics can increase. Not only that, but they can also change. For example, maybe one week the child will be pulling at his shirt collar, while the next week he is repetitively blinking his eyes. It is imperative that the people in the child's life stay focused on providing acceptance and patience, remembering that the tics, compulsions, and repetitive motions are all *involuntary*. The child is already very aware of his lack of control, and the symptoms will only worsen when attention is brought to them.

On a positive note, Tourette Syndrome, although there is no known cure, seems to improve with age. It seems while puberty presents many challenges to all children, this appears to be the time when the tics lessen. Some specialists do believe that the obsessive-compulsive component of the syndrome may worsen at puberty. This is a time when parents and educators need to keep a careful watch on the characteristics of the child's behavior.

It has also been said that individuals with Tourette Syndrome commonly have sleep disorders. This is not a characteristic experienced by all people, but it should be closely watched.

Tourette Syndrome can affect a person's self esteem. The people in the child's life need to always remember that the above-mentioned characteristics of Tourette Syndrome always are involuntary. The child needs to know that the integral people in his life understand the syndrome, and respect him as an individual living with Tourette Syndrome.

## References

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## Books

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Cohen, D.J., R.D., & Leckman, J.F. (1998). (Eds.), *Tourette's syndrome and tic disorders, clinical understanding and treatment*. Hoboken, N.J.: John Wiley and Sons.

Moe, Barbara, (2000). *Coping with tourette syndrome and tic disorders (coping)*. New York, N.Y. Rosen Publishing Group.

## Organizations / Web Sites

National Institute of Neurological Disorders and Stroke, National Institutes of Health, Bethesda, MD 20892, [www.ninds.nih.gov](http://www.ninds.nih.gov)

National Tourette Syndrome Association, 42-40 Bell Blvd., Bayside, NY 11361, 718-224-2999, [www.tsausa.org](http://www.tsausa.org)

National Association of School Psychologists, 4340 E. West Highway, Suite 402, Bethesda, MD 20814, 301-657-0270, [www.nasponline.org](http://www.nasponline.org)

National Dissemination Center for Children with Disabilities, P.O. Box 1492, Washington, D.C. 20013-1492, 800-695-0285, [www.nichcy.org](http://www.nichcy.org)

PACER Center, 8161 Normandale Blvd., Minneapolis, MN 55437-1044, 952-838-9000, 800-537-2237, [www.pacer.org](http://www.pacer.org)

Council for Exceptional Children, Council for Children with Behavior Disorders, 1110 N. Glebe Rd., Suite 300, Arlington, VA 22201-5704, 703-620-3660, 888-232-7733, [www.cec.sped.org](http://www.cec.sped.org)

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